DOCUMENT RESUME

ED 389 769 UD 030 688

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TITLE Resilience and Vulnerability in Low Cognitive Functioning African American Adolescents Exposed to Multiple Risks.
SPONS AGENCY National Inst. of Child Health and Human Development (NIH), Bethesda, Md.
PUB DATE Mar 95
NOTE 19p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Indianapolis, IN, March 1995).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); Adolescents; *Black Students; Cognitive Processes; *High Risk Students; *Intelligence; *Mental Health; Parents; Personality Traits; Self Concept; Special Education; Student Attitudes
IDENTIFIERS African Americans; *Resilience (Personality); *Vulnerability

ABSTRACT

The mental health status of African American adolescents who have been diagnosed with mild cognitive limitations was studied, and the variables that differentiated those who were well adjusted (resilient) from those who were poorly adjusted (vulnerable) are detailed in this presentation. Participating were 205 African American families, each with a child aged 13 to 16 years enrolled in a special education program. Individual interviews with the adolescent and the parents explored environmental stress, parental and child dysfunction, and family interaction. Resilient and vulnerable adolescents were identified, and 23 resilient and 25 vulnerable students in a subsample of 74 families were studied. Few differences were found in overall health status, but resilient students were happy and displayed better developmental adjustment. Vulnerable adolescents were more likely to be withdrawn or to have tried to kill themselves. Eight information sheets, suitable for handouts, and three figures supplement two pages of text containing an abstract of the study reported on at the presentation. (SLD)

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ED 389 769

RESILIENCE AND VULNERABILITY IN LOW COGNITIVE FUNCTIONING AFRICAN AMERICAN ADOLESCENTS EXPOSED TO MULTIPLE RISKS

by

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and

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Presented at the Biennial Society for Research in Child Development Conference, Indianapolis, Indiana March, 1995.

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Abstract

Children who overcome adversity with positive psychosocial outcomes have received considerable attention, with the focus directed toward identifying individual and environmental conditions contributing to resilience (e.g., Rolf et. al, 1990). Resilience can be defined as "successful adaptation despite challenges or threatening circumstances" (Masten et al., 1990, p. 426). While progress has been made in learning about resilience processes in youth exposed to different risk vectors (e.g., poverty, conflict, parental dysfunction), adolescents facing cognitive limitations as well as multiple risks have not been studied to date. Based on research on younger children and adults, this population is expected to be vulnerable. Past research has focused on the buffering effect of intelligence, or high cognitive functioning and resilience. Moreover, low functioning African-American adolescents have generally not been studied as a unique population. Little research has given consideration to culturally-relevant resilience factors. Therefore, the specific aims of this study were to (a) document the mental health status of African-American adolescents who are diagnosed with mild cognitive limitations and (b) identify variables that differentiate those in this population who are well *(resilient)* and poorly *(vulnerable)* adjusted when exposed to multiple and severe risk factors.

Two hundred and forty families, each with a 13-16 year old enrolled in an EMR special education program, were recruited for a 5-year longitudinal, NIH/NICHD-funded study. Two hundred and five families were identified as African-American. Individual interviews were completed with parents and the index adolescent, during two 2-hour home visits. One-half of the interviewers were African -American to enhance cultural sensitivity to the families. Questionnaires, tests, and interview schedules were administered verbally to each, to maximize comprehension and to assess theoretically guided variables.

Several multi-level analytic strategies were employed. First, high-risk adolescents were identified in the sample as being exposed to (a) high environmental stress, (b) parental dysfunction, (c) family interaction and member dysfunction. Second, *resilient* adolescents in this high-risk are identified as those with no elevation on the psychiatric adjustment measure, while being *vulnerable* is identified when one or more significant elevations are present. A sub-sample of 74 families were identified. Twenty three *resilient* and 25 *vulnerable* African-American adolescents with mild MR were studied. Finally, *resilient* and *vulnerable* groups were compared in areas of (a) overall adjustment, (b) health, (c) self-perceptions and regulations, (d) temperament, and (e) relationships within and outside the family to identify resilience and vulnerability configurations. The groups were comparable in demographics. Significant differences in psychosocial adjustment of *resilient* and *vulnerable* African-American adolescents with mild MR were found. Few differences were found for physical health status. *Resilient* and *vulnerable* adolescents differed in their developmental adjustment. For example, *vulnerable* adolescents with mild MR were more likely to be withdrawn and to report that they deliberately tried to kill themselves. *Resilient* adolescents with mild MR were more likely to feel happy and like themselves, and were rated by interviewer as displaying better overall developmental adjustment. Results from this study will help to lessen the gap in our understanding of resilience and vulnerability in African-American adolescents with mild MR. This investigation will further our understanding by teasing apart complex relations between cognition and adaptive functioning during adolescence.

Background

- There has been a resurgence of research on children and adults who overcome adversity with positive outcomes
- Recent literature explores risk and vulnerability from a developmental perspective
- Past research suggests relations between intelligence and resilience
- Adolescents with mild MR are expected to be at risk and vulnerable
- African-American adolescents with mild MR have generally not been studied
- Further,
    - Little research examines relations between resilience and vulnerability in adolescents with mild MR
- Thus,
    - This project explores resilience and vulnerability in African-American adolescents with mild MR

Problem Statement

- **Given**
  - Past research suggests that intelligence mediates resiliency and vulnerability
- **When**
  - Adolescents with mild MR are embedded in conditions of multiple stress, chaos and family dysfunction
- **Can**
  - Comparable groups of African-American adolescents with mild MR be identified as being Resilient or Vulnerable?

GOALS

- To identify and describe African-American adolescents with mild MR
    - Exposed to multiple risk factors and show either
        - Resilience = good psychosocial adjustment

          or

          Vulnerability = poor psychosocial adjustment

- To describe and examine variations in the psychosocial development of Resilient and Vulnerable African-American adolescents with mild MR

Methods

- Substudy of UAB Special Adolescent Project (Wallander,1990; NIH/NICHD#R01HD25310/HD00867)
    - Longitudinal design
- Adolescents with Mild MR
    - 13-16 yrs. old
    - Enrolled in EMR program
    - No physical disability, autism or frequent seizures
- Parent Participant(s)
    - Home Interviews
        - 2 sessions, 4-5 hours each
        - verbally administered, answer choices visually provided
        - independent session with adolescent and parent
        - families paid $75.00

Multiple Risk: African-American	Sample N=48
Adolescent Age	M=14.0 (range 13-16 yrs.)
Females	52%
Household Income < $10,000	35%
Household Income > $20,000	14%
Parent age < 39 years	56%
Parent not employed	29%
Parent did not complete high school	48%
Parent has spouse/mate	16%
Parent previously married	67%
Parent is mother	85%
Parent is grandmother	12%
Family members at home	Mdn = 4.5
Family Network > 6 members	56%
Household Composition > 4 members	46%

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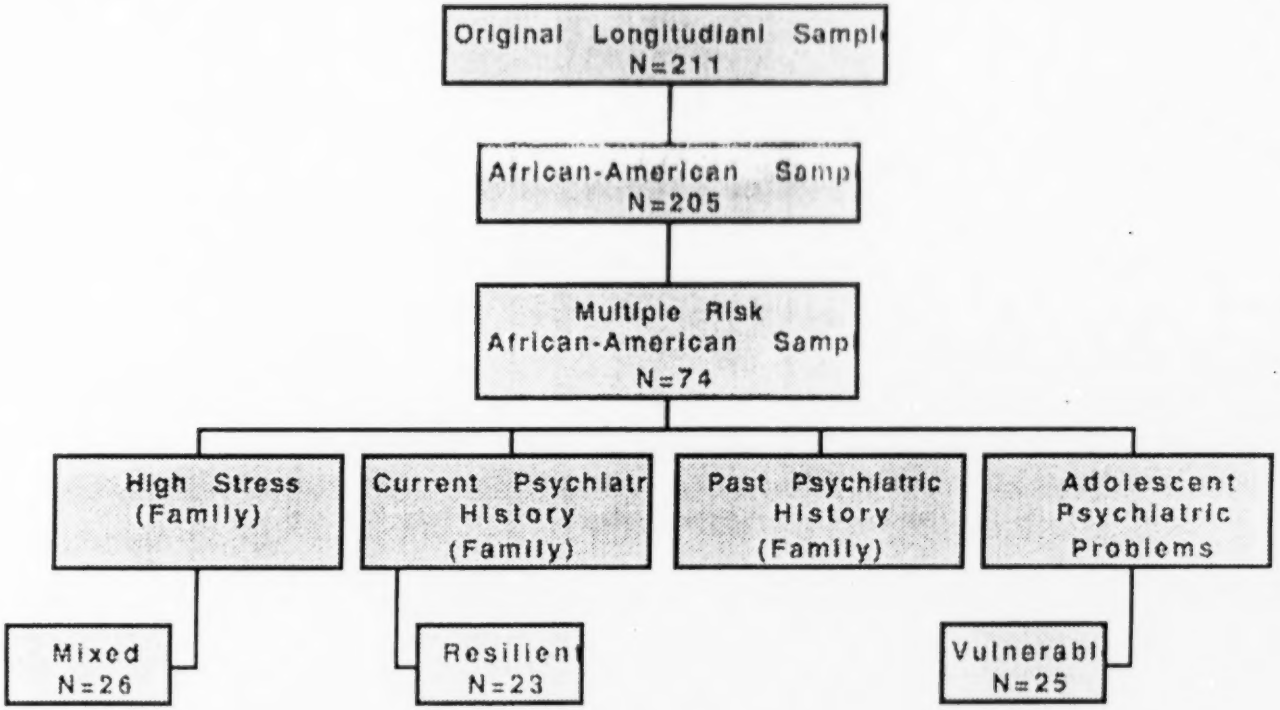
Assessments

- Multiple Risk Status
  - Criterion 1: Family Risk
    - Chronic Stress:
      - Family Inventory of Life Events and Changes
    - Current Psychiatric Family History
      - Brief Symptom Inventory
    - Past Psychiatric Family History
      - Psychiatric Family History
  - Criterion 2: Adolescent Risk
    - Psychiatric Symptom Ratings
      - Psychiatric Evaluation Form
      - 19 Core Symptoms (e.g. anxiety, mood, depression, etc.)
      - 6 point rating scale (none-extreme)
      - trained interviewer completes 20-40 minute structured interview
      - Psychiatrist rates symptoms from audiotape

Sample


Original Longitudiani Sampl
N=211
African-American Samp
N=205
Multiple Risk
African-American Samp
N=74
High Stress
(Family)
Current Psychiatr
History
(Family)
Past Psychiatric
History
(Family)
Adolescent
Psychiatric
Problems
Mixed
N=26
Resilient
N=23
Vulnerabl
N=25

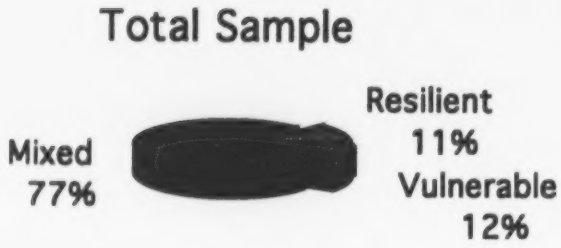
Criterion for Risk Outcome Status

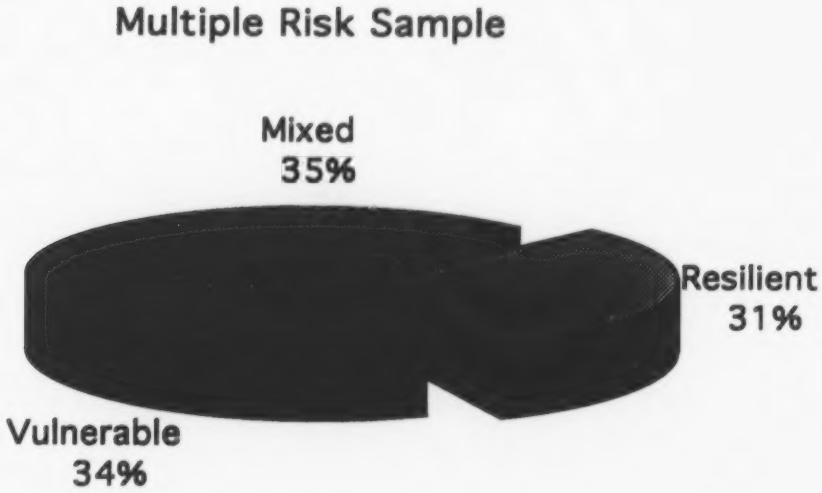
- Parent (s)
    - Chronic Stress
    - Current Psychiatric Family History or
    - Past Psychiatric Family History
- Adolescent*
    - Resilient = good adjustment
        - No symptom ratings on Psychiatric Interview
    - Vulnerable = poor adjustment
        - Multiple symptom ratings on Psychiatric Interview
            - 1 "mild" + 4 "minimal" ratings

              or
            - 2 "mild" ratings

* Noneligible/Mixed=Individual does not meet family and/or adolescent risk inclusion criterion

Resilient and Vulnerable Adolescents with Mild MR





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Outcome Measures

- Demographics
    - Parent
    - Adolescent

- Adolescent Psychosocial Adjustment
    - Overall Adjustment
    - Health
    - Self-Perceptions and Regulation
    - Temperament

    - Youth Self-Report (CBCL-YSR, Achenbach and Edlebrock, 1987)
    - Dimensions of Temperament Survey (Lerner, et. al, 1982)
    - Self Perception Profile For Children (Harter, 1985)
    - Qualitative Individual Summary (Interviewers, 5 point scale)

Results

Comparisons between Resilient and Vulnerable African-American adolescents with mild MR

- Demographics
  - Parent
    - No significant differences by Age, Education, Income or Work Status
  - Adolescent
    - No significant differences by Age, Gender or Grade in School

- Adolescent Psychosocial Adjustment
  - Overall Adjustment
    - No significant differences:
      YSR (CBCL) Total, Externalizing nor Internalizing
    - Resilient adolescents were more likely to be rated by the interviewer as being better adjusted (score≥3)
      - Resilient 80%
      - Vulnerable 55%
  - Health
    - Vulnerable adolescents were mire likely to demonstrate nervous twitching and movements (YSR-CBCL) ($P<.05$)

Results (continued)

Comparisons between Resilient and Vulnerable African-American adolescents with mild MR

- Adolescent Psychosocial Adjustment
  - Self-Perceptions and Regulation
    - Vulnerable adolescents were more likely to report self as
      - Withdrawn ($p \leq .004$)
      - Delinquent ($p \leq .015$)
      - **Deliberately try to kill self ($p \leq .04$)**
      - Not feeling loved ($p \leq .05$)
    - Resilient adolescents were more likely to report
      - Like to be alone ($p \leq .023$)
      - Brag to others ($p \leq .01$)
  - Temperament
    - Resilient adolescents were more likely to be rated by the interviewer as being "happy,smart and/or wise"
      - Resilient 20%
      - Vulnerable <1%
    - Vulnerable adolescents were more likely to be rated by the interviewer as being "difficult, in need of help and/or weird"
      - Resilient <1%
      - Vulnerable 50%

Results (continued)

Comparisons between Resilient and Vulnerable African-American adolescents with mild MR

- Temperament
  - Resilient adolescents were more likely to rate themselves with (Harter scale)
    - higher global self-worth ($p \leq .04$)
    - liking who they are ($p \leq .002$)
    - having parents who like them ($p \leq .03$)
    - feeling happy with self ($p \leq .05$)
  - Vulnerable adolescents were more likely to (Temperament scale)
    - have higher activity levels ($p \leq .01$)
    - be fidgety ($p \leq .05$)
  - Resilient adolescents were more likely to be (Temperament scale)
    - open to new things ($p \leq .02$)
    - hard to distract when on task ($p \leq .02$)

Summary and Closing Comments

- Complex relations exist between family and individual risk status for African-American adolescents with mild MR
- Two distinct groups of Resilient and Vulnerable African-American adolescents with mild MR were identified
- Consistent with developmental research, temperament and self-regulation characteristics contribute to resilience and vulnerability
- Research that examines resilience and vulnerability in African-American adolescents, especially those with mild MR continues to be warranted